

Foster Family Home - Corrective Action Report

Provider ID: 1-100017

Home Name: Rose Marie Pambid, CNA

Review ID: 1-100017-5

724 Ihi Ihi Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 1/7/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RA
Compliance Manager

R. M. Pambid
Primary Care Giver

1/7/2020
Date

1/7/2020
Date